

Indiana Diabetes Assessment Congress Executive Summary

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Introduction

One of the requirements of the grant issued by the Centers for Disease Control (CDC) to the Indiana State Diabetes Prevention and Control Program (DPCP) was that it perform an assessment of the performance of the program. This report provides summary level results and conclusions from the assessment process, as well as areas of potential improvement of each essential service by indicator. At the conclusion of the scoring for all the model standards, the participants identified the strengths and opportunities of the diabetes public health system. These are summarized below.

The Ten Essential Services and Four Indicators

National Public Health Performance Standards for State Public Health Systems are structured to address the ten Essential Services, originally defined by the Core Public Health Functions Steering Committee of the Centers for Disease Control in 1994. Aligned with the three core functions of assessment, policy development and assurance, these are:

Assessment

1. Monitor Health Status to Identify Community Health Problems
2. Diagnose and Investigate Health Problems and Hazards
3. Inform, Educate and Empower People about Health Issues

Policy Development

4. Mobilize Partnerships to Identify and Solve Health Problems
5. Develop Policies and Plans that Support Health Efforts

Assurance

6. Enforce Laws and Regulations that Protect Health and Ensure Safety
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care
8. Assure a Competent Public and Personal Health Care Workforce
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
10. Research for New Insights and Innovative Solutions to Health Problems

The public health system performance is evaluated for each essential service in four indicator categories that are the same for all ten essential services. These are:

- Planning & Implementation
- Technical Assistance & Support
- Evaluation & Quality Assurance
- Resources

Assessment Process

Assessment Instrument

The assessment process used a modified State Assessment Instrument to specifically address the activities and unique aspects of the diabetes public health system. The generic State instrument is distributed by the CDC and is part of the National Public Health Performance Standards Program (NPHPSP).

The DPCP staff, with assistance from the consultant, modified the State Instrument based on the relevance of the specific measure of each model standard to the diabetes public health system.

Participant Selection

IDPCP staff identified a broad range and inclusive list of participants from the diabetes system, including public, private and volunteer organizations. Over 80 potential participants were contacted and a very high percentage agreed to participate. The participants were distributed into two groups based on their interest and knowledge in specific areas of the essential services. These two groups of participants assessed five of the essential services during the assessment congress. See appendix A for list of participants

Assessment Process Structure

The one-day Diabetes System assessment congress was conducted on August 18, 2004 with 52 participants from throughout all parts of the system and of the state of Indiana. The congress started with a short orientation to the ten essential services, the four indicators, and the assessment process. The consultants then facilitated the assessment of Essential Service #1 by the entire group of participants. This provided training for all the participants in the criteria and the process for scoring.

For each essential service there are four indicators of which there are numerous sub-indicators. the model standard.

The participants had four scoring options for each measure: Yes, High Partially, Low Partially, No. The participants then reviewed the scoring for all the measures and determined an overall score for the indicator based on the percent of the model standard that was achieved by the diabetes system. The assessment instrument also included a second summary question for each indicator that scored the contribution of the Diabetes Prevention and Control Program (DPCP) to the overall percent of the model standard achieved by the diabetes system.

| <i>Score</i> | <i>Achievement of Measure</i> |
|------------------|-------------------------------|
| "Yes" | occurs to a great extent |
| "High Partially" | occurs to a moderate extent |
| "Low Partially" | occurs to a small extent |
| "No" | does not occur |

This excerpt from the scoring tool shows all three measures included in Indicator 3 for Essential Service 9:

| Measure | Definition | Yes | High Partially | Low Partially | No |
|--|---|-------|----------------|---------------|-------|
| Evaluation & Quality Improvement | | | | | |
| 9.3.1 | Reviews its evaluation and quality improvement activities on a periodic, predetermined schedule | | | | |
| 9.3.2 | Reviews its evaluation and quality improvement activities when weaknesses in their quality assurance system become apparent | | | | |
| 9.3.3 | Uses the results of its reviews to improve its evaluation and quality improvement activities | | | | |
| How much of this model standard is achieved by the State Diabetes Public Health System collectively? | | < 25% | 25 - 50% | 50 - 75% | > 75% |
| What percent of the answer reported is the direct contribution of DPCP? | | < 25% | 25 - 50% | 50 - 75% | > 75% |

Process Evaluation

Consultant feedback with consideration of participant evaluations

The process utilized for the IN Diabetes Assessment Congress followed the procedures recommended by the Centers for Disease Prevention and Control and the Diabetes Council.

The consultant recommends that this process be evaluated for future use to consolidate the lengthy and tedious process of voting. Participants had to schools of feedback 1) process was very informative 2) process was very arduous and too lengthy. If the agency decides to use this process again the following recommended changes are suggested.

Recommendations

- *Shorten the voting process by only scoring the four sub-indicators and each essential service standard but do not take vote tallies on the multiple performance sub-indicators under each of the four-indicators. Utilize sub-indicator “text” as descriptors but do not take a vote on each individual sub-indicator.*
- *If you have a large group over 25 participants, divide into sub-groups with smaller #'s of participants/ no more than 15 participants per group*
- *Provide assessment in four hour increments maximum*
- *Allow plenty of time for discussion and verbal input*
- *Utilize electronic voting equipment to speed up voting process*
- *Revise ES # 2 and ES # 6 to reflect chronic disease instead of infectious disease*

Assessment Results

The results, discussed and shown in charts included below, are information generated from the modified consensus process of the self-assessment used by the National Standards. The results are displayed graphically to better “tell the story” of the scoring results, and should not be interpreted as quantitative data.

Summary Findings at the Essential Service Level

Highest Score Essential Service

ES #1 - Monitor Health Status to Identify Community Health Problems

Lowest Score Essential Services

ES # 10 - Research for New Insights and Innovative Solutions to Health Problems

ES # 8 - Assure a Competent Public and Personal Health Care Workforce

ES #4 - Mobilize Partnerships to Identify and Solve Health Problems

Least Appropriate Essential Service related to Chronic Disease

ES # 2 - Diagnose and Investigate Health Problems and Hazards

ES # 6 - Enforce Laws and Regulations that Protect Health and Ensure Safety

Summary Findings at the Indicator Level: 1) Planning & implementation, 2) Technical Assistance & Support, 3)Evaluation & Quality Improvement, 4) Resources

| | |
|------------------------|-----------------------------------|
| Highest Score - | #1 Planning and Implementation |
| Second Highest Score - | #2 Technical Assistance & Support |
| Third Highest Score - | #3 Evaluation & QA |
| Lowest Score - | #4 Resources |

Summary Response from Participants

What are important things you learned in the assessment retreat?

- In an ideal world , nice to have this coordinated by one entity
- There is no functioning public health “system” in Indiana as it relates to diabetes, yet.
- Registry & ICDMP is very important
- Collaboration and sharing can get us a long way
- There is an interest to collaborate and partner
- Pieces of potential system are operating with quality
- Private sector & Medicare seem to have QA in place. Public may not.

What new or different activities need to be developed to improve the Diabetes System?

System thinking and collaboration

- Many independent entities doing well, need to communicate
- Leverage state-wide resources to coordinate and make decisions
- Rethink things in reference to being a part of a system
- System does not do well on planning or providing training together
- Identify non-traditional partners

Public care & services

- Disease at epidemic proportion –must get patients to practice self-care
- Need education for those w/diabetes and prevention
- Need root cause analysis
- Increase prevention through exercise and activity of adults and youth
- Need to pool state-wide resources and work on pre-diabetes
- Examine different approaches for consumer acceptability of education and behavior change
- Resources for growing Hispanic and other minority populations
- Payment system needs to support preventive care

Management and innovation

- Need ongoing mechanism to continue to improve diabetes management & programs
- Need statewide quality reporting on IN providers and compliance rate for physicians
- Evaluation resources are lacking
- Intentionally identify and invent pockets of progress & innovation

Monitor Health status

- Need electronic records
- Need common data repository

Policy/regulation - what is available in Indiana

Summary Findings at the Indicator Level with Key Themes from Participant Commentary

| Indicator | Definition | No | Low Partial | High Partial | Yes |
|-----------|------------|----|-------------|--------------|-----|
|-----------|------------|----|-------------|--------------|-----|

| Standard 1 | Monitor Health Status to Identify Community Health Problems | | | | |
|------------|---|---|----|----|----|
| 1.1 | Planning & Implementation | | | | |
| 1.1.1. | Developed Surveillance | | | 1 | 15 |
| 1.1.2 | IDHS creates state health profile | | 7 | 2 | 8 |
| 1.1.3 | IDHS track IN health data over time | | | 16 | |
| 1.1.4. | IDHS compile/provide data to organizations | | 8 | 5 | |
| 1.1.5. | IDHS collaborate w/ those who report health info to assure timely collection, analysis, & dissemination of data | 3 | 14 | | |
| 1.1.6. | IDHS develop uniform set of indicators | | 5 | 10 | 2 |
| 1.1.7 | IDHS enforce established laws & use protocols to protect health info & other data with personal identifiers | | | | 18 |

Areas for potential improvement

1.1.4 IDHS compile /provide data to organizations

1.1.5 IDHS collaborates w/those who report health info to assure timely collection, analysis & dissemination of data

Participant Commentary

Missing data (6)

Sub-state levels, county, census tract, especially county for youth.

Obesity

Hispanic population

Collecting the right information and reliability (11)

Need for coordination of other organizations collecting data (10)

Barrier of confidentiality and collecting data (7)

Disparities (6)

| | | | | | |
|-------|---|----|----|----|--|
| 1.2 | Technical Assistance | | | | |
| 1.2.1 | IDHS offer training in interpretation and use of data | | 17 | | |
| 1.2.2 | Assist others in development of data info systems | | 16 | 1 | |
| 1.2.3 | Provides others a standard set of data | | 5 | 11 | |
| 1.2.4 | Assist in publication of data formats useful to media & planners | 10 | 6 | | |
| 1.2.5 | Communicate availability of assistance in surveillance & data use | 1 | 16 | | |

Areas for potential improvement

1.2.4 Assist in publication of data formats useful to media & planners

| | | | | | |
|--------|---|--|----|----|--|
| 1.3 | Evaluation & Quality Improvement | | | | |
| 1.3.1 | Review effort to monitor health status | | 2 | 16 | |
| 1.3.2. | Info from reviews used in continuous improvement data & data systems to meet needs of data users, program mgrs. & | | 16 | | |

| | | | | | |
|-------|---|--|----|----|---|
| | polymakers | | | | |
| 1.3.3 | Solicit feedback from users on development & distribution of profile | | 11 | 1 | 2 |
| 1.3.4 | Identify best practices in efforts to monitor status If so, apply these as part of continuous improvement process | | | 14 | 3 |

Areas for potential improvement

1.3.2 Info from reviews used in continuous improvement ... meet needs of data users, program mgrs. & polymakers

1.3.3 Solicit feedback from users on development & distribution of profile

Participant Commentary

Hopefulness for new process that is more system-based (5)

| | | | | | |
|-------|--|----|----|----|--|
| 1.4 | Resources | | | | |
| 1.4.1 | Effectively manage monitoring resources & develop new resources | | 3 | 14 | |
| 1.4.2 | Share system-wide resources to monitor | 12 | 5 | | |
| 1.4.3 | Utilize current electronic technology to monitor | 1 | 13 | | |
| 1.4.4 | Utilize personnel with statistical, epidemiologic & systems mgmt. Expertise for monitoring | | 7 | 5 | |

Areas for potential improvement

1.4.2 Share system-wide resources to monitor

Participant Commentary

No real sense of a system (5)

| | | | | | |
|-------------------|---|---|----|----|---|
| Standard 2 | Diagnose & Investigate Health Problems * Incomplete analysis | | | | |
| 2.1 | Planning & Implementation | | | | |
| 2.1.1 | Surveillance system that recognizes threats/risks | | 5 | 11 | |
| 2.1.2 | Collaborate with private & public labs | 7 | 2 | | 5 |
| 2.1.3 | Develop plans to investigate & responds to public health threats/risks | 2 | 12 | 2 | 1 |

**Consultant's Observation: Main point made by participants is that this standard is more appropriate for an infectious disease.*

Areas for potential improvement

2.1.2 Collaborate w/ private & public labs

2.1.3 Develop plans to investigate & responds to public health threats/risks

Participant Commentary

Need for medical research database for standards (7)

The system rarely works together as a unified system

Lab collaboration (4)

| | | | | | |
|-------|--|---|----|---|--|
| 2.2 | * Technical Assistance –* incomplete due to inappropriateness | | | | |
| 2.2.1 | Provide assistance in interpretation of epidemiologic findings | 2 | 11 | 2 | |
| 2.2.2 | *Provide laboratory assistance | | | | |

| | | | | | |
|-------|--|--|--|--|--|
| 2.2.3 | *Provide info about possible threats/risks | | | | |
|-------|--|--|--|--|--|

Areas for potential improvement

2.2.1 Provide assistance in interpretation of epidemiologic findings

Participant Commentary

Timeliness of results – reporting to doctors (1)

Prevention ? (2)

| | | | | | |
|-----------|--|--|--|--|--|
| 2.3 & 2.4 | <i>* Group decided to skip these indicators due to inappropriateness of the question</i> | | | | |
|-----------|--|--|--|--|--|

Participant Commentary

No discussion

| Standard 3 | Inform, educate, empower people | | | | |
|------------|--|---|----|----|---|
| 3.1 | Planning & Implementation | | | | |
| 3.1.1 | Design & implement health communication & health ed./promo | | 2 | 9 | 9 |
| 3.1.2 | Collaboratively design & implement communication/ed./promo programs | | 20 | 4 | |
| 3.1.3 | Materials & activities culturally & linguistically appropriate | 1 | 17 | 4 | 1 |
| 3.1.4 | Multiple channels used to provide current health info, ed./promo services to residents | 2 | 9 | 10 | 3 |

Areas for potential improvement

3.1.2 Collaboratively design & implement communication/ed./promo programs

3.1.3 Materials & activities culturally & linguistically appropriate

Participant Commentary

Attitudes/behavioral issues of the consumer need to be addressed (5)

Improve accessibility of materials (5)

Effectiveness of materials questionable (6)

Theory-based vs. evidence-based programs - neither have fundamental behavioral change

Special populations have special needs (9)

Attitudes of Health Care orgs need to be considered (3)

More education needed - prevention, nutrition, cardiology, lifestyle changes (4)

Better evaluation process needed – outcomes? Making a difference? (2)

New Ideas/New thinkers needed(2)

| | | | | | |
|-------|---|----|----|---|---|
| 3.2 | Technical Assistance | | | | |
| | Enable others through consultation, training, policy changes, to develop skills & strategies to improve community & personal health | | | | |
| 3.2.1 | | 2 | 11 | 6 | |
| 3.2.2 | Provide technical assistance | 3 | 15 | 3 | |
| 3.2.3 | Assist others in development of communication/ed/promo strategies | 9 | 10 | 6 | 1 |
| 3.2.4 | Provide consultation & training in applying communications/ed/promo strategies | 10 | 13 | | |

Areas for potential improvement

- 3.2.1 Enable others through consultation, training, policy changes, to develop skills & strategies to improve community & personal health
- 3.2.2 Provide technical assistance identification of health
- 3.2.3 Assist others in development of communication/ed./promo strategies
- 3.2.4 Provide consultation & training in applying communications/ed./promo strategies

Participant Commentary

We are alone out there due to lack of funds (general strong consensus of group)

| | | | | | |
|-------|--|---|----|---|---|
| 3.3 | Evaluation & Quality Improvement | | | | |
| 3.3.1 | Periodically review communication /ed/promo interventions | 1 | 8 | 6 | 2 |
| 3.3.2 | Design & implement reviews with participation of pop served by interventions | 9 | 12 | 2 | |
| 3.3.3 | Apply finding of reviews to improve interventions | 5 | 8 | 6 | |

Areas for potential improvement

- 3.3.2 Design & implement reviews with participation of pop. served by interventions
- 3.3.3 Apply finding of reviews to improve interventions

Participant Commentary

Question the evaluation process(3)
 Feel helpless in the Quality Improvement Piece (1)

| | | | | | |
|----------|---|----|----|----|---|
| 3.4 | Resources | | | | |
| 3.4.1 | Manage current com/ed/promo resources & develop new resources | 1 | 17 | 3 | |
| 3.4.2 | Share system-wide resources to implement services | 8 | 6 | 2 | |
| 3.4.3 | Utilize available resources necessary for effective health com/ed/promo activities | | 1 | 16 | 1 |
| 3.4.3 b. | Utilize needed resources necessary for effective health com/ed/promo activities | 18 | | | |
| 3.4.4 | Utilize professional expertise necessary for com./ed/promo interventions | | 10 | 11 | |

Areas for potential improvement

- 3.4.2 Share system-wide resources to implement services
- 3.4.3 Utilize needed resources necessary for effective health com/ed./promo activities

Participant Commentary

Planning Time around How to Collaborate on Resources is Difficult (3)
 Needed more resources - money and other
 Want legislators to see this report

| | | | | | |
|-------------------|--|---|----|----|---|
| Standard 4 | Mobilize partnerships to identify & solve health problems | | | | |
| 4.1 | Planning & Implementation | | | | |
| 4.1.1 | Build constituencies to address issues | | 6 | 14 | 1 |
| 4.1.2 | Build partnerships to identify and solve health problems | 1 | 15 | 7 | |
| 4.1.3 | Are there established processes and times to brief state and local policy leaders on priority diabetes-related health issues | 3 | 17 | 2 | |

Areas for potential improvement

- 4.1.1 Build constituencies to address issues
- 4.1.2 Build partnerships to identify & solve health problems
- 4.1.3 Established processed & times to brief state & local policy leaders on priority diabetes-related health issues

Participant Commentary

There are successful partnering stories (10)

| | | | | | |
|-------|--|----|----|---|---|
| 4.2 | Technical Assistance | | | | |
| 4.2.1 | Provide consultation to build partnerships for community health improvement | 3 | 17 | 1 | 1 |
| 4.2.2 | Provide training to local health systems and other state partners to build partnerships for community health improvement | 13 | 6 | 3 | |

Areas for potential improvement

4.2.2 Provide training to local health systems & other state partners to build partnerships for community health improvement

Participant Commentary

Advocating ? (2)

| | | | | | |
|-------|--|---|----|---|--|
| 4.3 | Evaluation & Quality Improvement | | | | |
| 4.3.1 | Review its constituency-building and partnership facilitation activities | 6 | 11 | 1 | |
| 4.3.2 | Review participation and commitment of partners | 4 | 13 | 2 | |

Areas for potential improvement

4.3.1 Review constituency-building & partnership facilitation activities

4.3.2 Review participation & commitment of partners

Participant Commentary

No discussion

| | | | | | |
|-------|--|---|----|---|---|
| 4.4 | Resources | | | | |
| 4.4.1 | Manage its current constituency development and partnership mobilization resources & develop new resources | | 14 | 4 | |
| 4.4.2 | Share system-wide resources to develop constituencies and mobilize partnerships? | 8 | 8 | 5 | |
| 4.4.3 | Maintain information about organizations that are current or potential partners? | 2 | 11 | 5 | 1 |
| 4.4.4 | Commit resources to sustain partnerships | 5 | 14 | 3 | |
| 4.4.5 | Utilize workforce expertise in collaborative group processes necessary to assist partners to organize and act in the interest of public health | 2 | 8 | 7 | 1 |

Areas for potential improvement

4.4.1 Manage current constituency development & partnership mobilization resources & develop new resources

4.4.2 Share system-wide resources to develop constituencies & mobilize partnerships

4.4.3 Maintain information about organizations that are current or potential partners

4.4.4 Commit resources to sustain partnerships

Participant Commentary

No discussion

| | | | | | |
|-------------------|---|---|----|----|---|
| Standard 5 | Develop policies & plans that support individual & statewide health efforts | | | | |
| 5.1 | Planning & implementation | | | | |
| 5.1.1 | Implement statewide diabetes-related health improvement processes that convene partners and facilitate collaboration? | 1 | 7 | 9 | |
| 5.1.2 | Health improvement plan include health objectives and improvement strategies for the state | | 3 | 12 | 2 |
| 5.1.3 | Conduct policy development activities | 1 | 13 | 5 | |

Consultant's Comments: This standard was not a "burning issue" for participants – question of what is policy in relation to the issue of diabetes

Areas for potential improvement

5.1.3 Conduct policy development activities

Participant Commentary

Success stories exist (6)

Policy development – low priority, who has time, collaboration would help (3)

| 5.2 | Technical Assistance | | | | |
|-------|---|---|----|---|--|
| 5.2.1 | Provide technical assistance to local health systems and other state partners for conducting community health improvement processes | 1 | 17 | 3 | |
| 5.2.2 | Provide technical assistance regarding the integration of health issues and improvement strategies into other local community development planning initiatives (e.g., Chamber of Commerce, Compass, or Healthy Cities initiatives)? | 5 | 11 | 2 | |
| 5.2.3 | Provide technical assistance regarding the development of local operational plans and procedures for addressing the state health improvement plan | 4 | 16 | 1 | |
| 5.2.4 | Provide technical assistance in local health policy development | 8 | 8 | 2 | |

Areas for potential improvement

5.2.4 Provide technical assistance in local health policy development

Participant Commentary

No discussion

| 5.3 | Evaluation & Quality Improvement | | | | |
|-------|--|---|----|---|---|
| 5.3.1 | Review progress towards accomplishing diabetes-related health improvement across the state | 1 | 13 | 4 | 1 |
| 5.3.2 | Review new and existing public health policies to determine the impacts of those policies on a predetermined, periodic basis | 6 | 12 | 3 | |
| 5.3.3 | Modify its health improvement and policy actions related to diabetes based on reviews in order to enhance efforts to improve the public's health | 2 | 13 | 3 | 1 |

Areas for potential improvement

All sub-indicators rated – low partial

Participant Commentary

No discussion

| 5.4 | Resources | | | | |
|-------|--|---|----|---|---|
| 5.4.1 | Manage its current resources for diabetes related health planning and policy development and develop new resources | | 15 | 5 | |
| 5.4.2 | Share system-wide resources to implement diabetes health planning and policy development | 4 | 13 | 3 | |
| 5.4.3 | Utilize workforce expertise in strategic, long-range, and operational health planning | 3 | 13 | 5 | |
| 5.4.4 | Utilize workforce expertise in health policy | 1 | 12 | 4 | 2 |
| 5.4.5 | Utilize information systems that provide data useful to diabetes related health planning and policy development activities | 4 | 9 | 7 | |

Areas for potential improvement

All sub-indicators rated – low partial

Participant Commentary

We don't utilize the work force in planning because we don't take time to plan

Medicaid and others look to legislators and are always looking at policy improvement

| Standard 6 | Enforce laws & regulations that protect health & ensure safety - incomplete | | | | |
|------------|---|----|---|---|---|
| 6.1 | Planning & implementation | | | | |
| 6.1.1 | Review state laws and regulations related to diabetes designed to protect the public's health and safety | 2 | 9 | | 1 |
| 6.1.2 | Solicit input on compliance and enforcement issues for laws and regulations related to diabetes reviewed | 11 | 3 | | |
| 6.1.3 | Provide education and incentives to encourage compliance with public health laws or regulations related to diabetes | 8 | 4 | 1 | |
| 6.1.4 | Use written guidelines to administer public health enforcement activities | 4 | 9 | | |
| 6.1.5 | Enforce laws & regulations that protect health and ensure safety | 9 | 3 | | |

Areas for potential improvement

All sub-indicators rated –no to low partial

Participant Commentary

We don't know much about this part of the system

Are laws and regs. the same as policies?

| | | | | | |
|-----|--|--|--|--|--|
| 6.2 | Technical Assistance | | | | |
| | <i>Group decided to skip these indicators due to inappropriateness of the question</i> | | | | |

No discussion

| | | | | | |
|-----|------------------------------------|--|--|--|--|
| 6.3 | Evaluation and Quality Improvement | | | | |
|-----|------------------------------------|--|--|--|--|

No discussion

| | | | | | |
|-----|-----------|--|--|--|--|
| 6.4 | Resources | | | | |
|-----|-----------|--|--|--|--|

No discussion

| Standard 7 | Link People to Personal Health Services and Assure Provision of Health Care when Otherwise Unavailable | | | | |
|------------|--|---|---|----|---|
| 7.1 | Planning & Implementation | | | | |
| 7.1.1 | Assess the availability of diabetes-related personal health care services to the state's population | | 9 | 7 | 2 |
| 7.1.2 | Identify medically underserved populations within the state | | 3 | 12 | 6 |
| 7.1.3 | Work with health care providers to assure care for all persons living in the state | 3 | 5 | 11 | 1 |
| 7.1.4 | Inform policymakers of barriers to accessing diabetes-related personal health care services within the state | 1 | 7 | 9 | 1 |
| 7.1.5 | Deliver services & programs to improve access to personal health care | | 5 | 14 | |

Areas for potential improvement

All sub-indicators were rated as high partial

Participant Commentary

No discussion

| 7.2 | Technical Assistance | | | | |
|-------|--|----|----|---|---|
| 7.2.1 | | | 8 | 7 | 1 |
| 7.2.2 | Assist in the development of partnerships to reduce barriers and promote access to health care for under-served populations? | | 11 | 6 | 2 |
| 7.2.3 | Assist in the design of diabetes-related health care delivery programs for under served populations | 1 | 13 | 4 | 1 |
| 7.2.4 | Provide diabetes-related health care services at the local level when they cannot be satisfactorily delivered by others | 10 | 7 | | |
| 7.2.5 | Work to coordinate complementary programs (such as adult immunization programs) to optimize access to needed services | | 10 | 6 | 1 |
| 7.2.6 | Provide technical assistance to safety-net providers who deliver diabetes-related personal health care to under served populations | | 15 | 3 | |

Areas for potential improvement

7.2.3 Assist in the design of diabetes-related health care delivery programs for under served populations

7.2.4 Provide diabetes-related health care services at the local level when they cannot be satisfactorily delivered by others

7.2.6 Provide technical assistance to safety-net providers who deliver diabetes-related populations

Participant Commentary

Confused. Does this mean does the system step up to help serve the system?

Yes. State is part of the system

The system would identify the under-served and step up

| 7.3 | Evaluation & Quality Improvement | | | | |
|-------|--|---|----|---|---|
| 7.3.1 | Review programs that assure the provision of personal health care services within the state | 1 | 9 | 5 | 1 |
| 7.3.2 | Incorporate the perspectives of those who experience problems with accessibility and availability of diabetes health care in their evaluations | 4 | 13 | 1 | 1 |
| 7.3.3 | Institute change in programs designed to assure health care based on findings from monitoring and evaluation activities | 1 | 16 | 2 | 1 |

Areas for potential improvement

All sub-indicators were rated as low partial

Participant Commentary

no discussion

| 7.4 | Resources | | | | |
|-------|--|---|----|----|---|
| 7.4.1 | Manage its current resources and develop future resources to assure personal health care | | 10 | 9 | |
| 7.4.2 | Share system-wide resources to effectively provide needed healthcare | 1 | 12 | 5 | |
| 7.4.3 | Entity responsible for monitoring diabetes-related personal health care delivery within the state | 2 | 11 | 3 | 3 |
| 7.4.4 | Utilize workforce skills in reviewing health care services | 3 | 10 | 1 | |
| 7.4.5 | Utilize a workforce skilled in the analysis of health services | | 14 | 1 | |
| 7.4.6 | Utilize a workforce skilled in managing health services quality improvement programs | | 17 | 2 | |
| 7.4.7 | Utilize a workforce skilled in the delivery of health care services programs and linking people to needed services | | 1 | 15 | 2 |

Areas for potential improvement

6 out of 7 indicators rated low partial

Participant Commentary

IDHS monitoring within state (2) Very spread out and specialized to different groups. Excel is now adding data to share with doctors

| Standard 8 | Assure competent public & personal health care workforce | | | | |
|------------|--|----|----|----|---|
| 8.1 | Planning & Implementation | | | | |
| 8.1.1 | Assess workforce needs to deliver health care services | | 12 | 6 | 1 |
| 8.1.2 | Develop a statewide workforce development plan | 14 | 4 | | |
| 8.1.3 | Provide training to enhance needed workforce skills? | 4 | 14 | 1 | |
| 8.1.4 | Assure that individuals in regulated professions meet prescribed competencies required | | | 11 | 4 |
| 8.1.5 | Support initiatives that encourage life-long learning | 3 | 10 | 2 | |
| 8.1.6 | Workforce applies leadership skills to community health improvement activities? | | 17 | 1 | |

Areas for potential improvement

8.1.2 Develop a statewide workforce development plan

Participant Commentary

IDHS'S role – not a coordinated, big system approach (9)

Problems with training programs (5)

Problems with/for educators (6)

| | | | | | |
|-------|---|---|----|---|--|
| 8.2 | Technical Assistance and Support | | | | |
| 8.2.1 | Assist in completing assessments of workforces? | | 17 | | |
| 8.2.2 | Assist with workforce development? | 2 | 15 | | |
| 8.2.3 | Assure availability of educational course work to enhance skills | | 14 | 3 | |
| 8.2.4 | Process for facilitating linkages that improve continuing education offerings | | 12 | 5 | |

Areas for potential improvement

All sub-indicators rated at low partial

Participant Commentary

We are facilitating Linkages (6)

| | | | | | |
|-------|---|---|---|--|--|
| 8.3 | Evaluation and Quality Improvement | | | | |
| 8.3.1 | Review workforce assessment activities | 8 | 6 | | |
| 8.3.2 | Assess achievements of the workforce development plan | 9 | 4 | | |
| 8.3.3 | Use performance appraisal programs to stimulate quality improvement | 7 | 5 | | |

Areas for potential improvement

8.3.1 Review workforce assessment activities

8.3.2 Assess achievements of the workforce development plan

8.3.3 Use performance appraisal programs to stimulate quality improvement

Participant Commentary

Questions around professional performance improvement programs (3)

Quality of Improvement process questioned (2)

| | | | | | |
|-------|--|----|---|--|--|
| 8.4 | Resources | | | | |
| 8.4.1 | Manage its current workforce development resources | 14 | 3 | | |
| 8.4.2 | Share system-wide resources to effectively conduct workforce | 9 | 6 | | |

| | | | | | |
|-------|--|----|----|--|--|
| | development activities | | | | |
| 8.4.3 | Utilize a system of life-long learning | 1 | 14 | | |
| 8.4.4 | Utilize leadership development programs | 3 | 6 | | |
| 8.4.5 | Utilize programs to develop cultural competencies | 8 | 7 | | |
| 8.4.6 | Utilize expertise in management of human resource development | | 16 | | |
| 8.4.7 | invest in the recruitment and retention of qualified diabetes health professionals in all areas of the state | 11 | 3 | | |

Areas for potential improvement

8.4.1 Manage its current workforce development

8.4.2 Share system-wide resources to effectively conduct workforce development activities

8.4.7 Invest in the recruitment & retention of qualified diabetes health professionals in all areas of the state

Participant Commentary

Managing current workforce development resources well! (3)

Physician's role questions (4)

Pre-service education/competency ?(2)

| Standard 9 | Evaluate Effectiveness, accessibility and quality of personal and population-based health services | | | | |
|------------|--|---|----|---|--|
| 9.1 | Planning and Implementation | | | | |
| 9.1.1 | Evaluate population-based health services | | 13 | 1 | |
| 9.1.2 | Evaluate personal health services | | 14 | | |
| 9.1.3 | Establish and use standards to assess the overall performance | 7 | 7 | | |
| 9.1.4 | Monitor multi-year health programs to assure interventions are appropriately focused | 4 | 11 | 1 | |
| 9.1.5 | Use assessment findings to institute quality improvement changes | 2 | 12 | | |

Areas for potential improvement

All sub-indicators rated low partial

Participant Commentary

Evaluation of Outcomes (5)

Who evaluates personal services in the state? (4)

| | | | | | |
|-------|--|---|----|--|--|
| 9.2 | Technical Assistance & Support | | | | |
| 9.2.1 | Provide technical assistance in review of services | | 14 | | |
| 9.2.2 | Provide technical assistance in evaluating performance of ES | 1 | 12 | | |
| 9.2.3 | Offer consultation service and guidance | 9 | 5 | | |
| 9.2.4 | Share results of their performance evaluations | 1 | 11 | | |

Areas for potential improvement

9.2.3 Offer consultation service & guidance

Participant Commentary

Performance evaluation available (2)

Consultation Services (2)

Sharing Results – HIPAA issue (1)

| | | | | | |
|-------|--|---|---|----|--|
| 9.3 | Evaluation & Quality Improvement | | | | |
| 9.3.1 | Review its evaluation and quality improvement activities | | 4 | 10 | |
| 9.3.2 | Review evaluation and quality improvement activities when weaknesses in its quality assurance system become apparent | 1 | 4 | 7 | |
| 9.3.3 | Use the results of its reviews to improve its evaluation and quality improvement activities | 1 | 6 | 7 | |

Areas for potential improvement

9.3.3 Use the results of its reviews to improve its evaluation and quality improvement activities

Participant Commentary

It's hard to keep answering these questions for the system when we all only see a part
 No system-wide evaluations are in place for evaluating the system

| | | | | | |
|-------|--|---|----|---|---|
| 9.4 | Resources | | | | |
| 9.4.1 | Manage its current evaluation resources and develop new resources | | 8 | 6 | 1 |
| 9.4.2 | Share system-wide resources to effectively conduct evaluation activities | 3 | 13 | | |
| 9.4.3 | Have the analytical tools needed to measure and monitor compliance with performance standards | 1 | 9 | 6 | |
| 9.4.4 | Utilize the expertise needed to establish standards, monitor and develop quality improvement activities to improve the performance | 1 | 13 | 2 | |

Areas for potential improvement

- 9.4.2 Share system-wide resources to effectively conduct evaluation activities
- 9.4.3 Have the analytical tools needed to measure and monitor compliance with performance standards
- 9.4.4 Utilize the expertise needed to establish standards, monitor and develop quality improvement activities to improve the performance

Participant Commentary

Example- statewide registry for Medicaid

| | | | | | |
|--------------------|---|----|---|--|--|
| Standard 10 | Research for New Insights & Innovative Solutions to Health Problems | | | | |
| 10.1 | Planning and Implementation | | | | |
| 10.1.1 | Have a public health research agenda | 14 | 1 | | |
| 10.1.2 | Carry out public health research agenda | 13 | 2 | | |
| 10.1.3 | Statewide communication process for sharing research findings on public health practice innovations | 14 | 1 | | |

Areas for potential improvement

- 10.1.1 Have a public health research agenda
- 10.1.2 Carry out public health research agenda
- 10.1.3 Statewide communication process for sharing research findings on public health practice innovations

Participant Commentary

Competition (3)
 Chronic Disease Management Program (3)

| | | | | | |
|--------|--|---|----|--|--|
| 10.2 | Technical Assistance & Support | | | | |
| 10.2.1 | Help local health systems and other state partners with research activities? | 6 | 9 | | |
| 10.2.2 | Assist partners in their use of research findings? | 1 | 15 | | |

Areas for potential improvement

- 10.2.1 Help local health systems & other state partners with research activities
- 10.2.2 Assist partners in their use of research findings

Participant Commentary

No discussion

| | | | | | |
|--------|---|---|---|--|--|
| 10.3 | Evaluation & Quality Improvement | | | | |
| 10.3.1 | Review its ability to engage in public health research | 3 | 9 | | |
| 10.3.2 | Review its ability to communicate information of research | 4 | 8 | | |

| | | | | | |
|--------|--|----|---|---|--|
| | findings | | | | |
| 10.3.3 | Review its ability to provide technical assistance in the application of research findings to the delivery of the Essential Public Health Services | 11 | 1 | | |
| 10.3.4 | Review the relevance of research activities | 10 | 1 | 1 | |
| 10.3.5 | Use findings from their reviews to improve their research activities | 12 | 1 | | |

Areas for potential improvement

10.3.3 Review its ability to provide technical assistance in the application of research findings to the delivery of the Essential Public Health Services

10.3.4 Review the relevance of research activities

10.3.5 Use findings from their reviews to improve their research activities

Participant Commentary

| | | | | | |
|--------|---|----|----|--|--|
| 10.4 | Resources | | | | |
| 10.4.1 | manage its current research resources and develop new resources | 2 | 11 | | |
| 10.4.2 | Share system-wide resources to conduct research activities | 15 | | | |
| 10.4.3 | Invest resources in analytical tools necessary to support the research function | 9 | 4 | | |
| 10.4.4 | Utilize workforce expertise to direct research activities | 5 | 11 | | |
| 10.4.5 | Utilize workforce expertise to develop and implement research agendas | 7 | 8 | | |

Areas for potential improvement

10.4.2 Share system-wide resources to conduct research activities

10.4.3 Invest resources in analytical tools necessary to support the research function

Participant Commentary

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